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Items of Interest:

- **Hospital Corpsman 3rd Class Sean A. Cather** received the Navy and Marine Corps Achievement Medal with Combat "V" for service during an eight month deployment in support of Operation Iraqi Freedom.
- **Hospital Corpsman 1st Class (FMF/FPJ/DV) Matthew S. Pranka**, a Fleet Marine Force Reconnaissance Corpsman and Trauma Surgical Skills and Tactical Combat Casualty Care instructor at Joint Special Operations Medical Training Center (JSOMTC), Fort Bragg, NC, was named the Naval Medical Education and Training Command (NMETC) Shore Sailor of the Year (SSOY) for 2005.
- **Medical Aspects of Disaster Management: Managing the Consequences of Natural, Emerging and Asymmetrical Threats** will be held March 29—30 in Arlington, Va. For more information and to register, visit www.marketaccess.org/event_consmgmt_2006.asp

Navy and Marine Corps Medical News

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Navy Surgeon General visits Naval Hospital Jacksonville

By Loren Barnes, Naval Hospital Jacksonville Public Affairs

NAVAL HOSPITAL JACKSONVILLE - Navy Surgeon General Vice Adm. Donald C. Arthur visited Naval Hospital (NH) Jacksonville and other Northeast Florida and Southeast Georgia Navy Medical facilities March 8-10.

It was a busy three days for the Admiral. While here, he met with hospital Commanding Officer Capt. Raquel Bono and the hospital's Executive Steering Committee, toured hospital clinics, held a series of Admiral's Calls with providers and staff and participated in Flag Quarters. He also visited the Navy Medicine Support Command aboard Naval Air Station (NAS) Jacksonville and the Branch Health Clinic at Na-

val Submarine Base Kings Bay, Ga. At Kings Bay he met with clinic staff and toured a ballistic submarine. At NAS Jacksonville he called on Commander, Navy Region Southeast Rear Adm. Mark Boensel and the base Commanding Officer Capt. Chip Dobson.

During a series of Admiral's Calls the admiral addressed a number of concerns expressed by staff. Those in his audience included NH Jacksonville as well as staff connected by teleconference from the hospital's Branch Health Clinics (BHC). NH Jacksonville has cognizance over seven BHCs from Key West, Fla. to Atlanta, Ga.

Some topics were as specific as the importance of recognizing staff

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ATLANTIC OCEAN - USS Enterprise (CVN 65) Surgeon Lt. Cmdr. Michael Barker, center, and Senior Medical Officer Commander David Gibson, left, perform an urgent laparoscopic appendectomy. Enterprise is currently underway in the Atlantic Ocean conducting Composite Training Unit Exercise (COMPTUEX). U.S. Navy photo by Photographer's Mate 2nd Class Milosz Reterski

U.S. Medical Team Complete String of Projects During Balikatan 2006

By Journalist 3rd Class Adam R. Cole, Task Force 76 Public Affairs

JOLO, Republic of Philippines

- U.S. Army and Navy teams completed the final Medical and Dental Civil Assistance Projects (MEDCAP/ DENCAP) on the island of Jolo, Republic of Philippines, March 2 as part of Exercise Balikatan 2006.

Twenty-seven U.S. medical personnel joined 24 members of the Armed Forces of the Philippines (AFP) to conduct seven civil assistance projects in three different locations on the island: Panamao, Jolo City and Maimbang. The joint efforts were able to help 11,373 Filipino people — more than 1,500 per day — and 504 animals.

The MEDCAP/DENCAPs were part of a wide sweeping Civil Military Operation (CMO) effort during Balikatan. Civil engineers of all services simultaneously worked on Engineering Civil Assistance Projects (ENCAP) to build four three-room elementary schools in Jolo—one in Jolo City, two in Panamao and one in Maimbang. Several of the schools celebrated their grand openings on the final day of MEDCAP/DENCAP.

"The island of Jolo was truly in need of medical service, so it was

very rewarding to be able to provide treatment to them in a multitude of areas," said Army Col. David Crudo, Balikatan MEDCAP/ DENCAP planner and officer-in-charge of the medical team. "The Filipino people not only appreciated the care we gave, but just our presence and the goodness of our demeanor."

Crudo is a pediatric endocrinologist at Tripler Army Medical Center and has participated in 10 other projects of this type in the Balikatan series.

During the project, the U.S. medical team was embarked on USS Juneau (LPD 10) of the Forward Deployed Amphibious Ready Group (ARG) and launched from its platform into the project sites each day courtesy of aviation elements of the 31st Marine Expeditionary Unit (MEU), Joint Task Force (JTF) Balikatan.

The U.S. medical team was composed predominantly of Army doctors, dentists and veterinarians of Tripler Army Medical Center in Hawaii and Guam National Guard and Navy personnel from the 31st MEU.

"The most rewarding part is the 'thank you' that you get from each patient and the smiles," said Navy



Lt. Toni Bowden, a dentist for the 31st MEU's Service Support Group (MSSG). Bowden has previously participated in a similar MEDCAP with the 31st MEU in October at St. Juliana, Crow Valley and in Camp O'Donnell, as well as to the Operation Unified Assistance (OUA) in Sumatra Indonesia to aid victims of the tsunami there. "It's a great feeling to know you can improve the overall health of someone and visibly see in the happiness they show afterward," said he.

Lt. Col. Yashinda R. Apolinar, part of the medical corps of the Philippine air in Pasay City added "My sincerest thanks to my medical counterparts from the U.S. It was a honor to serve next to them in serving my countrymen."



MAIMBANG, Republic of Philippines - Lt. Toni Bowden, of the 31st Marine Expeditionary Unit (MEU), performs dental work on a Filipino patient in Maimbang. U.S. Army and Navy together with Philippines (AFP) medical personnel completed seven Medical and Dental Civil Action Projects (MEDCAP/DENCAP). U.S. medical team were air lifted into the project sites from the amphibious transport dock ship, USS Juneau (LPD 10), part of the Forward Deployed Amphibious Ready Group (ARG) based in Sasebo, Japan. *U.S. Army Photo by Maj. Roger Kaneshiro*

Navy Surgeon General continued...

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and ensuring that fitness reports and evaluations are well done. Others were as broad as the ramifications of Base Realignment and Closure Commission (BRAC) recommendations and the vital "One Navy" role Naval Reserve medical professionals play in the Navy Medicine mission.

The thrust of Arthur's remarks went to the essence of what it means to be part of the Navy Medicine team and the vital role Navy Medicine plays in today's ever more challenging global environment.

He began by sharing what makes Navy Medicine special to him. "There are two things that I really love about Navy Medicine," he said. "One is that you never have to ask any of your patients how sick can they afford to be. The second is that all of your patients are patriots."

He reminded the medical staff that "what we do is take care of our family members... No one walks in the door of this hospital or any other because they're happy to be here, except when they're having a baby or because they work here. Except for those two things, they come here because they felt something is wrong and they need our help. Our job is to help!" He added "What do we do for our shipmates, our family member? We just take care of them like family... That's the great thing about Navy Medicine; you can go anywhere and be with family."

Speaking to what he sees in store for Navy Medicine operationally, he commented on his view of "jointness." Arthur said his goal for realizing "jointness" in the services' medical communities is "operational cohesion." He said, "My idea of cohesion is to get the services medical departments together, so we recruit and train together, so we have core material everyone learns, so we can interoperate." Arthur acknowledged there would always be some special areas such as submarines, diving, the Air Force's critical

care transport teams, etc., which would have training above that core training. He emphasized his vision goes beyond getting the joint service members of military hospital staffs to work together but rather focuses on getting "interoperability in the combat arena."

Asked about Navy Medicine's current operational demands, Arthur said, "They're increasing! This is a time of high operational tempo."

On the subject of the press, Arthur spoke to the negative articles that Naval Hospital Jacksonville and Navy Medicine have recently weathered.

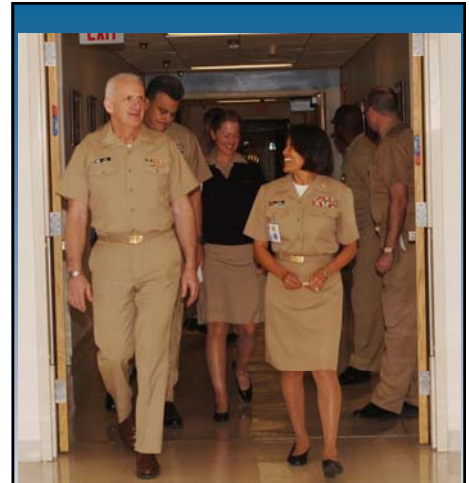
He was asked if this has resulted in diminished confidence from the line community.

Arthur said, "I haven't heard any negative feedback from the line community. Members of the line community, both officer and enlisted, have been around long enough to have confidence in us. He also noted they've been around long enough to understand press coverage.

He added, "The Chief of Naval Operations (CNO) has a lot of confidence in you. Everyone in Navy Medicine has a lot of confidence in you. That's because you're doing a great job! I'm proud of this organization. You should be too. I know you all are."

He also said some of the information in the articles was wrong. Some of the journalists stated Naval Hospital Jacksonville statistically has more malpractice suits than their civilian counterparts. In fact, statistically, when it comes to malpractice suits Navy Medicine and Naval Hospital Jacksonville are less than hospitals in the civilian sector. He noted in civilian medicine the number of suits filed over a multi-year period has run about 2.4 per 100 physicians nationwide every year. In Navy facilities it is about 1.2 to 1.4 per 100 physicians yearly and at Naval Hospital Jacksonville the rate has been about 1.3.

Arthur also stated just because a medical case doesn't turn out



NAVAL HOSPITAL JACKSONVILLE -

Navy Surgeon General Vice Adm. Donald C. Arthur (left) tours Naval Hospital Jacksonville with hospital Commanding Officer Capt. Raquel Bono (right). With the Surgeon General and Commanding Officer are hospital Director for Administration Cmdr. Darin Rogers, Executive Officer Capt. Elaine Wagner and other staff members. U.S.

Navy photo by Loren Barnes

right doesn't mean it is malpractice. "Sometimes things are just so difficult they require judgment. Our judgment as human beings is not infallible, we cannot know all and see all and be perfect. We try our best and as long as we're trying our best, I'll have confidence in you."

Demonstrating his personal confidence in Navy Medicine Arthur said he personally faced a life-threatening medical crisis in which he had to decide whether to go to a civilian sector hospital or a Navy Medicine facility at Camp Pendleton, Calif. After severely reacting to a peanut allergy he unhesitatingly chose the Navy Medicine hospital.

Finally, Arthur again reminded the staff of the awesome responsibility they shoulder everyday. "Our job is to make sure when the moms and dads of America send their sons and daughters to us, if they're ever injured or if they're ever ill, they'll get the best care in the world. And right now they do!"

24th Marine Expeditionary Unit Aviation Combat Element Trains to Save Lives

By Lance Cpl. Jeffrey A. Cosola, 24th Marine Expeditionary Unit

NAVAL AIR STATION OCEANA, VA. - A Marine lies wounded on the ground in the middle of a battlefield, an exasperated corpsman tending to his injuries. Surrounded by gunfire, they scan the horizon for the shape of a helicopter. They call again on the radio and are told to stand by. Together they wait and wait ...

According to Chief Hospital Corpsman Erick M. Vazquez, chief medical representative for the 24th Marine Expeditionary Unit's (MEU) Aviation Combat Element (ACE) - Marine Medium Helicopter Squadron 365 (Reinforced) - helicopters used in past conflicts could take anywhere from one to three hours to reach a wounded Marine.

Today, the ACE expects to be off the ground in less than 10 minutes and, depending on their range to the objective, on the ground in 15 to 20 minutes.

"Casualties were dying," explained Vazquez. "If we're able to reach our casualty in time, we're able to save more than 98 percent

of those who might otherwise die, and we're still continuing to improve."

Cpl. Jeff T. McCarstle, a squadron crew chief, added "Every second counts and you only get one shot to do it right. This is probably the most important mission we do. This is varsity level flying, and you better bring your 'A' game."

Casualty Evacuation (CASEVAC) corpsmen work to bridge the gap between the care the corpsman on the ground gives to the wounded and the care they'll eventually receive, said Vazquez. The corpsman on the ground stabilizes the injuries; the CASEVAC corpsman continues to stabilize and keeps them alive in transit.

"They'll be monitoring vitals every minute and maximizing their resources," said Vazquez. "Corpsmen are well trained and will do whatever they must to keep them alive until they make contact."

CASEVAC missions put a great deal of stress on pilots, crew chiefs and corpsmen who are on constant call in the event of an incident, said Capt. Marcia L. Sandrew, HMM-



NAVAL AIR STATION OCEANA, VA. - Marines and Sailors with the 24th Marine Expeditionary Unit take a simulated casualty off a CH-46E Sea Knight during a casualty evacuation mission March 4. The CASEVAC was part of the MEU's Training in an Urban Environment exercise, being held in the Norfolk, Va., area through March 12. *U.S. Marine Corps photo by Lance Cpl. Jeffrey A. Cosola*

365's administration officer and a CH-46E Sea Knight pilot. However, if they are able to extract a wounded Marine from the battlefield within moments of their being wounded, that Marine will most likely live to fight another day because of the aircraft crew and corpsmen's training and dedication to duty.

"Never doubt the skills of the corpsmen," added Vazquez. "We've always been and will be here for the Marines."

New Medical System Being Integrated into Marine Corps

By Lance Cpl. Joel Abshier, 2nd Marine Logistics Group

MARINE CORPS BASE CAMP LEJEUNE, N.C. - Many Marines have had the unfortunate situation of having their medical or dental records lost which ultimately results in more shots, checkups and the hassle of redoing everything before a deployment.

Fortunately for members of the 2nd Marine Logistics Group (MLG), there is a new process called the Medical Readiness Reporting System (MRRS) being taught to corpsmen to monitor, update and report all medical data to a localized system here March 6 - 8.

"The bottom line is you will all make an impact using this program," Hospital Corpsman 1st Class Lee Saucedo, MRRS instructor told his class. "After learning this program, corpsmen can teach it to other corpsmen and Marines back at their unit."

Once the section, or units respective corpsman, obtain the medical information on the Marines he works with, he will then place it into the system for further use down the road.

"In 2005, the medical officer of the Marine Corps au-

thorized the use of MRRS for medical readiness reporting for the entire Marine Corps," said Navy Lt. Carl W. Doud, preventive medicine officer with 2nd Medical Battalion, 2nd MLG. "The system will aid in accurate reporting of medical readiness for Marines and make data accessible to all those in the chain of command all the way up to the commanding general and Headquarters Marine Corps."

"With MRRS, anyone with a login can access files from any computer that is connected to the Internet," said Hospital Corpsman 3rd Class Rodrigo A. Hernandez, with 2nd Transportation Support Battalion, 2nd MLG. "If we ever lose a medical record, we can simply pull it up on the screen and figure out what the service member needs done."

The 2nd MLG is changing their systems prior to any other unit within II Marine Expeditionary Force, according to Doud. The entire II MEF will follow in May.

According to Saucedo, although the system is still new to 2nd MLG, it is already in the process of becoming the default program of use. "Eventually this system will touch every Marine in the Corps," he said.

Naval Hospital Yokosuka Committed to Safe Medical Care

By Lt. Michael G. Johnston, U.S.
Naval Hospital, Yokosuka

U.S. NAVAL HOSPITAL YOKOSUKA, Japan - The staff at U.S. Naval Hospital (USHS), Yokosuka is focused on bringing our beneficiaries safe and effective medical care. Patient Safety Awareness week is March 6 - 11, and the National Theme is, "Effective Communication: The Patient Safety Tool of Choice." As a patient, you should communicate with your healthcare team to enhance the safety of your medical care. Nobody cares more about your safety than you do.

Your healthcare provider and pharmacist are responsible for educating you about your medications. It is the patient's responsibility to ask questions and state any concerns about prescribed medications. Questions a patient can ask include what is the purpose of a particular medication?, what is the dosage and how many times a day should a medication be taken?, what are the normal side effects?, what are the abnormal side effects? Carry around a list of the medications you are taking, including dose, and update it anytime there is a change.

All surgical procedures carry risks and benefits. All surgical procedures have alternatives, even if

the alternative is not doing a procedure at all. Your provider will explain the risks, benefits, and alternatives to a procedure before obtaining your permission to proceed. If you have any questions at all, please do not be shy about asking for clarification! Efforts to improve safety at USNH Yokosuka prior to a procedure include: verification of your identity, identification of the part of the body being operated on, and another verification of the procedure to be performed. Expect to be asked these questions before the procedure by your provider or the nurse in charge of your care, not because they do not know the answers, but because they are trying their best to ensure your safety. If you do not believe this has happened, please do not be shy about asking your health-care team to verify your procedure. Speak up!

In your military medical record there is a list containing:

- All of your medical conditions
- All surgical procedures you have ever received
- Medication allergies
- Medicines you take, including dose and frequency
- Medical conditions that run in your family.

Sometimes, your medical record may not be available (e.g. during a



permanent change of duty station move, during an emergency when civilian care is received). There is no good substitute for knowing your own medical history! Please do not rely on the answer "it's in my medical record." It can be hard to remember it all, so please consider writing it down and carrying it with you in your wallet or purse.

When in doubt, speak up and ask questions. Participate in all the decisions about your treatment. You are the center of your health-care team. For these and other tips on enhancing your safety as a patient, visit the following web site www.jcpatientsafety.org/ and click on the link for "Patients and Families."



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PACIFIC OCEAN - Hospital Corpsman 2nd Class Sylvia Esthay applies bandages to a simulated partial amputation, during a mass casualties drill in the hangar bay aboard the Nimitz-class aircraft carrier USS Abraham Lincoln (CVN 72). U.S. Navy photo by Photographer's Mate Airman James R. Evans

